

SUPREME, SUPERIOR, AND DISTRICT COURTS

REQUEST FOR PAYMENT FOR INDIGENT DEFENSE SERVICES

All information must be typed.

Attorney ID Number: _____ Attorney Name: _____
Court: _____ Judge Requesting Appointment: _____
Case Numbers: _____ Appointment Date: _____
Disposition Date: _____
Client Name: _____ Disposition Judge: _____

PAYMENT TO BE MADE TO ME. ☐

Social Security Number: _____

Address: _____

Telephone No: _____

PAYMENT TO BE MADE TO MY FIRM. ☐

Federal ID Number: _____

Name/Address: _____

Telephone No: _____

CHECK TYPE OF REPRESENTATION:

☐ 901- Supreme Court Appeal (\$50/hr, up to \$2000)

☐ 902- Murder (\$50/hr, up to \$5000)

☐ 903- Class I Felony (\$50/hr, up to \$5000)

☐ 904- Class II Felony (\$35/hr, up to \$2500)

☐ 905- Misdemeanor (\$30/hr up to \$750)

☐ 907- Fines/Costs/Restitution (\$30/hr)

☐ 906- Other: _____

Hours must be rounded to nearest 1/10. Time over one hour must be specified (e.g. 9:15-10:30 a.m.). A summary of in and out of court time must be provided. In-court time must include the type of hearing (e.g. trial). Attach additional forms if necessary.

Compensation for time exceeding the above thresholds must be approved in advance by the Chief or Presiding Judge.

| DATE | HOURS | EXPLANATION (give detail for out of court time and type of court hearing) |
|---------------|-------|---|
| | | |
| | | |
| | | |
| | | |
| TOTAL HOURS = | | |

Expenses—Cost for service of process and transcripts will be reimbursed. Indicate date, type of expense, and amount.

TOTAL \$ _____

BILL SUMMARY: Total Hours _____ X \$ _____ = \$ _____ + _____ = \$ _____
Rate Expenses Total Bill

CERTIFICATION: *I certify that I have provided the services and incurred the costs described and that I have not, nor will I, accept any other payment for these services or expenses.*

Signature: _____ Date: _____

Approved by: _____ Date: _____

***Attorneys are responsible for providing two signed copies of this form- one for the court file and one for the Supreme Court.**